

Request for Reimbursement

Department: _____ Date: _____

Item	Expenditure
Training	
Tuition/Registration	
Books/Training Materials	
Per diem	
Lodging	
Mileage	
Other	
Total training expenditure	
Show value of time spent in class as in-kind services on back	
Prevention	
Materials/Equipment	
Show value of time spent implementing prevention program on back	
Equipment	
Total of 50% matching grant equipment purchases calculated on back.	
Total of 10% matching grant equipment purchases calculated on back.	
Computer	
Purchase price of computer if awarded. (Up to \$1,150.00)	
In Kind Services	
Total value of in kind services calculated on back	

50% Matching Grant Equipment Purchases (use additional sheets if necessary)

[illegible]

10% Matching Grant Equipment Purchases (use additional sheets if necessary)	
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[illegible]

In Kind Services i.e. donated labor, training, prevention, etc. (use additional sheets if necessary)

[illegible]